I

CERTIFICATE OF DEATH 12040

1. PLACE OF DEATH			2. USUAL RESID	DENCE (HOME) OF	DECEAS	ED	
COUNTY Howard		YLAND	STATE Mary			ard	
CITY (Il outside corporate limits, write RURAL OR and give neerest town) TOWN Elkridge		OF STAY is place)	TOWN Elkr	9			
HOSPITAL OR INSTITUTION OR Montgomery are STREET ADDRESS Roads	nd Lawyer H	ill	STREET Monte	comery and L	ewyerien	H111	Roads
3. NAME OF (First) DECEASED (Type or Print) ANNIE	(Middle) FRANCES	ATWELI.	(Last)	4. DATE (A OF DEATH	lonth)	(Day)	(Ya:
5. SEX 6. COLOR OR 7. SIN	IGLE, MARRIED, DOWED, DIVORCED,	8. DATE O	OF BIRTH	9. AGE lest birthday	IF UND		IF UNDER
Female White	Vidow	Oct.	16,1869	86 yr	Months	Days	Hours
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if refired) At Home	10b. KIND OF BUSH OR INDUSTRY	NESS	11. BIRTHPLACE (State or Maryland	foreign country)		12. CITIZEN	OF WH
13. FATHER'S NAME	110110		14. MOTHER'S MAID	EN NAME			
Richard H. Hagner			Annie H	ingerford			
(If Yes, give wer or deles of senting I DISEASES OR CONDITIONS DIRECTLY LEADING HAD IMMEDIATE CAUSE (A)	None 18. N	REDICAL CEI		a ADDRESS Im Hanna, Elk:	ridge,	INTER	RVAL BETY
I DISEASES OR CONDITIONS DIRECTLY LEADING 420. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOYE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	None TO DEATH OCCUPATION Clare		Mrs. Meria		Cu	INTER	
I DISEASES OR CONDITIONS DIRECTLY LEADING 4 20. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	None TO DEATH Clar		Mrs. Meria		Cur	INTER	
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None TO DEATH Clar	MEDICAL CEI	Mrs. Meria		Cur	INTER ONS	
I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 195. MAJOR 216. ACCIDENT WAS UNDERLYING 216. 120. 120. 120. 120. 120. 120. 120. 120	None TO DEATH Clar GG So	MEDICAL CEI	Mrs. Meria	m Hanna, Elk	lug Bro	INTER ONS	AUTOP:
I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 195. MAJOR 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NONE TO DEATH TO DEATH A CONTROL OF OPERATE PLACE (Home, ferm, fee URY street, office bidg., Hour) 21e. INJURY OF	REDICAL CEI	Mrs. Meria	Hanna, Elk:	lug Bro	INTER ONS 20 YES	AUTOP:
I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, ULE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NONE TO DEATH TO DEATH REPORT OF THE PROPERTY OF THE PROPERT	CCURRED Not while et work	Mrs. Merie RTIFICATION 21c. WHERE DID INJURY OC 21f. HOW DID INJURY OC	CCUR? (City or town)	(Co	I last saw	AUTOP: AUTOP: Kotate Autop:
I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR 21a. ACCIDENT WAS UNDERLYING OF INJU (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (H	None TO DEATH TO DEATH REPORT OF THE PROPERTY OF THE PROPERT	ILON CCURRED Not while et work	21c. WHERE DID INJURY OF	CCUR? (City or town)	(Co	20 YES unity)	AUTOP: AUTOP: Kotate Autop:

PARTYLAND SYATE OFFARMENT OF HEALTH-CALTIMORE, 18

ERRIFICATE OF DEATH

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	e significant and the second s	and the second of the second o		O
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

CERTIFICATE OF 12041 DEATH

194

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Howard	MARYLAND	STATE Marylan	ad county	Howar	rd
CITY (If outside corporeta limits, writa RURAL	LENGTH OF STAY		ete limits, write RURAL er		
OR end give nearest town)	(in this place)	OR TOWN F7740	TT C:T		A 4
X TOWN Ellicott City		MILLIC	ott City		X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(if rural give	e locetion)	/
STREET ADDRESS Homewood		Homey	vood		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont	h) (Da	y) (Year)
(Type or Print)	CAREED FOR T	MED	OF DEATH	Dog 7	EE
RUDERI	CAMPBELL BA	KER		Dec. J	., , , ,
	WED, DIVORCED,		AGE lest birthdey	Months Da	
Male White Spoot	erried Jar	1.18,1903	52 yrs.	Monnis	, itodis min.
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	n country)		TIZEN OF WHAT
done during most of working life, evan if retirad) Ramon	OR INDUSTRY	7 1		C	DUNTRY?
rarmer	Tenant on Farm	Tenn	TAME		
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	AWE		
William Baker		Hattie	Davis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		17. INFORMANT & A	DDRESS	- F 1 1 E 1	
(Yas, no, or unk.) (If Yas, give wer or detes of service	מורא ע בחודים	Compld D	Raker, Ellico	++ C+++	- 3/6
No I	217-14-5173 18. MEDICAL CE		Derker, E. L. LUC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	RIFICATION			ONSET AND DEATH
A CO - A DAMPSIATE CALLED	Cachexia			1	month
180X IMMEDIATE CAUSE (A)					
ANTECEDENT CAUSE(S) DUE TO	Hypernephroma, le	ft kidney with	metastases	to 7	year
GIVING RISE TO THE ABOVE CAUSE				-	7002
STATING UNDERLYING CAUSE LAST. DUE TO	left lung, liver,	and brain.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		0200			
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					00 44700047
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION			3.00	20. AUTOPSY? YES NO TE
21. ACCIDENT WAS UNDERLYING TO LOST DIA	CE (Many James Indian	21c. WHERE DID INJURY OCCUR	2 (City as town)	(County)	(Steta)
216. ACCIDENT WAS UNDERLYING 216. PLA: OR CONTRIBUTING 26 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, ferm, factory, Y street, office bldg., etc.)	ZIC. WHERE DID INJURY OCCUR	r (City or town)	(County)	(21618)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hou		21f. HOW DID INJURY OCCUR	.?		
M	. at work et work				
22. I hereby certify that I attended th	May 6	10.55 to I	Dec 7 1055	that I last	
22. I nereby certify that I attended the	e deceased from	E. 20 B.		, that I last	saw the deceased
alive on Dec 1 , 1922	, and that death occurred a	Dian. From the c	auses and on the d	ate stated at	ove.
SIGNATURE	LAKO		ESS (Street, city, town		DATE SIGNED
Charles S. Whit	m.D.	Clarksville, N			ec.3, 1955
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	RCREMATORY	LOCATION (City, town		(State)
Burial 12-4-5	5 Liberty I	Baptist.	Lisbon, M	/id	
24. REC'D BY REGISTRAR REGISTRAR'S SIC	SNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDE	
DATE Dec. 4, 1955 Marie	a. Whitaker	F C Wiginhat	hom Fllicat	+ C++ 1	la .
DATE DOOR 4, 1999 Maste	4. 22 22	L.O. WIETHINGE	HOM PTTTCOL	O TOY of	MU.

THE CERTIFICATE OF DEATH

Sey, Okt. No. 197

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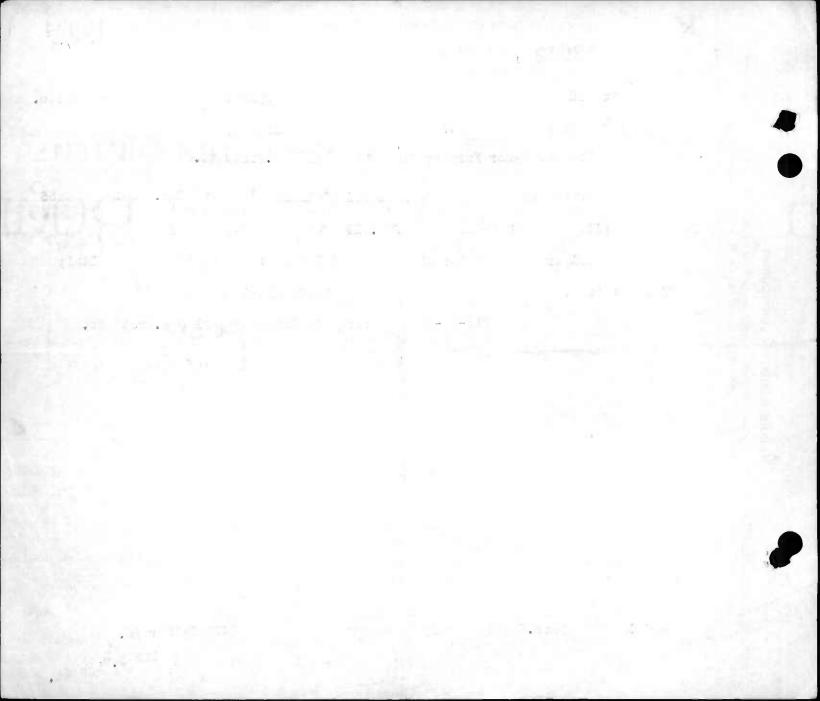
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12034

12042

CERTIFICATE OF DEATH

Reg. Dist. No./90

1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEAS	ED:
COUNTY Howard	MARYLAND	STATE Marylan	nd	COUNTY
CITY (If outside corporate limits, write OR and give nearest town)			porate limits, write RU	RAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOLLAND Mand	r Nursing Home	STREET ADDRESS 2100 E.Pra	(If rural give le	ocation)
3. NAME OF (First) DECEASED: (Type or Print) Francesca	(Middle)	(2300)	DATE (Month) OF DEATH: Dec.	(DRy) (Year) 2 1955
RACE: WIDO	WED. DIVORCED.	9 1886 6	9 yrs. Mont	
10a. USUAL OCCUPATION Give kind of work done during most of working life,	10b. KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
even if retired): Tailor 13. FATHER'S NAME:	Tailor Shop	Valguarnera	Italy	Italy
			211271201	
Giuseppe Forte 15 WAS DECEASED EVER IN U.S. ARMEO FORCES ?	16. SOCIAL SECURITY No.: 17.	Maria Gangi INFORMANT & ADDRE	38:	
(Yes, no, or unk.) (If Yes, give war or dates of service)		asquale Balsamo	2100 E.Pra	tt St.
Antecedent causes (s)	то	ensur of Consi		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but r	ot Mem	er, pubable 20.	to abstruction of the	1 Kenten
related to the disease or condition causing 19a. DATE OF OPERATION: 19b. MAJOR	death. FINDINGS OF OPERATION	Chroni p	Jeconyan	20. AUTOPSY?
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street office bldg., etc.) RY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OF	CCUR?	
22. I hereby certify that I attended the alive on 12/11, 195., and SIGNATURE WORLD WILL WILL WILL WILL WILL WILL WILL WI	that death occurred at	, from the ADDRE RY OR CREMATORY	e causes and on the	date stated above. DATE SIGNED / **/3/55 n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	S SIGNATURE Hedral	Jan Delle	rhoeg 322	S.High St.
	012222		/-	30



INSTRUCTIONS

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12043CERTIFICATE OF DEATH

12035

Reg. Dist. No. 192

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Howard	MARYLAND	STATE M ry	and county	Howar d	
CITY (If outside corporete limits, write RURAL OR end give neerast town) Woodstock	(in this place)	CITY (If outside con OR TOWN Woods	porate limits, write RURAL a	nd give nearest tow	n) ×
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		va location)	1
3. NAME OF (First) DECEASED (Type or Print) CHARLES AUGUST!	(Middle)	(Last)	4. DATE (Mon OF DEATH		(Yeer) 955 19
5. SEX 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIV (Specific Processing Process	ED, 8. DATE O		9. AGE lest birthday	Months Days	Hours Min
done during most of working life, even if	industry road Section	11. BIRTHPLACE (Siete or fo Lisbon, Md	reign country)		EN OF WHAT
13. FATHER'S NAME	EQ.	14. MOTHER'S MAIDEN	NAME		
Ellwood Bidinger		Sarah F	lobbs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO.	17. INFORMANT 8			
(Yes, no, or unk.) (If Yas, give wer or detes of sarvice)		Manu Pidi	nger Woodsto	pole 1/d	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ollis.				
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Homor Contributing Cause of Death Of Injury street, or		RIC. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, Whi	le Not while	21f. HOW DID INJURY OCC	UR?		
22. I hereby certify that I attended the deceralise on the signature of th	that death occurred at M.D. NAME OF CEMETERY OR	Caudal	/ /	vn, state)	
Burial 12-6-55 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Granite Me	thodist	Granit	e Md	c
DATE 10-6-13- REGISTRAN S SIGNATURE	Hebl.		thom, Ellicot		119977

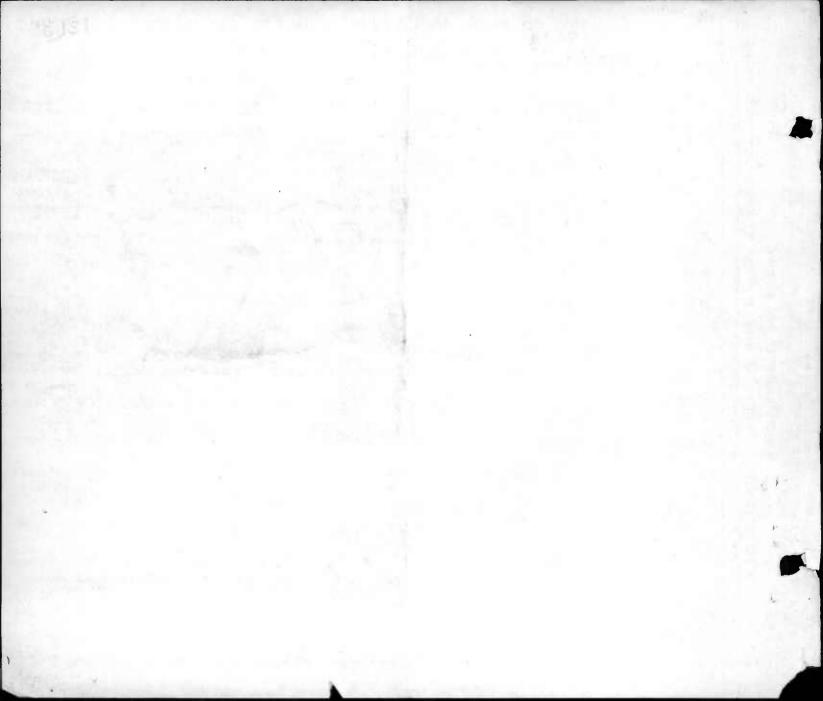
THE REVIAME STATE DEPARTMENT OF HEAVYH-HALTINDER. IS

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BUREAU V. S.

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12045
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH	No. 191
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I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Howard MARYLAND	STATE Maryland COUNTY Carroll	
CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
TOWN Ellicott City		06.27-2
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR Taylors Manor Hospital	ADDRESS 75 W. Main St.	1
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) DOLORES S GETMA	N OF DEATH Dec. 24	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
remale White (SpecifyMarried Nov.	12,1919 36 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): At Home 10b. KIND OF BUSINESS OF INDUSTRY: None	Puldeen M C	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	.3.1
Calvin Street		
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16 SOCIAL SECURITY NO . 1	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	.Stoner Geiman Jr. Westminister,	id.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
974X		ONSET AND DEATH
Immediate cause (a) Strangulation by	hanging	15 Min.
Antecedent cause(s)		
Diseases or conditions, if any,		
giving rise to the above cause DUE TO stating underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0 3 1	
TO THE DEATH BUT NOT RELATED TO THE UDSESSI	ve Compulsive reaction with	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes 🗌 No 💢
PRIMARY M or CONTRIBUTING OF Street, office bldg., etc. INJURY Sanitorium	21c. (City or town) (County)	(State)
CAUSE OF BEATH. INJURY Sanitorium 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	Ellicott City Howard	Md
OF INJURY Dec. 24, 1955 6.2G. AM work of at work of the state of the s	Hung Self from Door Jam of ro	om
22. I hercby certify that I took charge of the remains describ	ped above, held an Autopsy []. Inspection [].	Inquiry M and
find that death resulted from: Natural causes [], Accid	lent [], Suicide K], Homicide []. Undeter	
SIGNATURE GARAGE & Questart		12-24-55
Ellicott City, Mo	M. D. ASSISTANT MEDICAL EXAM.	L ~ ~ ~ ~ ~ / /
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER (Specify): /2.28.1935	Y OR CREMATORY LOCATION (City, town, or con	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124, FUNERAL DIRECTOR	ADDRESS
Dec. 24, 1955 John B. Loughran. Per.	Al Sankard Jon Washingster	· ms.
B. E. L.		

BUREAU V. S.

DEC 88 1822

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12046 CERTIFICATE OF DEATH

Reg. Dist. No. 191

12038

1. PLACE OF DEATH		2. USUAL RESIDE	INCE (HOME) OF D	ECEASED	
county Howard	MARYLAND	STATE Maryl	and county	Howard	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside con	porate limits, write RURAL a	nd giva nearast towr)
X TOWN Ellicott City	(In this place)	OR TOWN TO	llicott City		X
HOSPITAL OR		STREET P.	(II rurel giv	ve location)	
INSTITUTION OR		ADDRESS	Fells Ave.		
20					
3. NAME OF (First) DECEASED	(Middle)	(Last)	4, DATE (Mon		(Year)
(Type or Print)	OUIS POOLE		DEATH D	ec. 24,195	5 19
5. SEX 6. COLOR OR 7. SINGLE, A	MARRIED, 8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male Colored (Specify)	o, divorced, Nidower	1887	68 yrs.	Months Days	Hours Min.
	. KIND OF BUSINESS	1 11. BIRTHPLACE (State or los		I 12. CITIZ	EN OF WHAT
done during most of working lile, even il	OR INDUSTRY			COU	NTRY?
	one	North Caro			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Joseph Poole		Unkn	กตเกา		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (Il Yas, give wer or detes of service)	220-20-6412	Chanles	E. Poole, Elli	ant City	163
NO	18. MEDICAL CE		Rel OOTE PITT		ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE					ISET AND DEATH
420. IMMEDIATE CAUSE (A) C	ONGESTIVE	- HEADT A	EALL DRE	/	H-13
		1/5/18/	11 12 - 1		- VI 1 - V
DUE TO				•	
ANTECEDENT CAUSE(S) DUE TO	CORONARY			Y	EARS.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				Y	EARS.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, CHUNG PISE TO THE ABOVE CAUSE				Y	EARS.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				Y	EARS
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				Y	EARS
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					O. AUTOPSY?
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1920 DATE OF OPERATION 1940 MAJOR FIND	CORONARY	ATHERÒSC	LEROSIS		NO D
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192. DATE OF OPERATION 194. ACCIDENT WAS UNDERLYING 21b. PLACE	INGS OF OPERATION (Homa, Iarm, factory,		LEROSIS		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192 DATE OF OPERATION 194 MAJOR FIND 210. ACCIDENT WAS UNDERLYING 21b. PLACE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INGS OF OPERATION (Homa, lerm, factory, reef, office bidg., atc.)	ATHEROSC 21c. WHERE DID INJURY OCC	UR? (City or town)	YE	NO D
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19- DATE OF OPERATION 19- DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY #	INGS OF OPERATION (Homa, lerm, factory, reet, office bldg., atc.) 21e. INJURY OCCURRED	ATHERÒSC	UR? (City or town)	YE	NO D
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 194 DATE OF OPERATION 195 MAJOR FIND 216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INGS OF OPERATION (Homa, lerm, factory, reef, office bidg., atc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	YE: (County)	(State)
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CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE D	EPARTMENT OF H	HEALTH—BALT	CIMORE, 18	R	eg. Dist. 193
MEDICAL EXAMI	NER'S CER	TIFICATE	OF DE	ATH N	10. 7H
1. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME) OF DECI	EASED:	
county Howard	MARYLAND	state Maryla	nd county	Howard	
CITY (If outside corporate limits, write RU OR and give nearest town) TOWN COOKSVILLE	RAL LENGTH OF STAY (in this place)	CITY (If outside of OR TOWN COOKS	orporate limits write	RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give	ve location)	-/
3. NAME OF (First) DECEASED: (Type or Print) MORRIS	(Middle)	(Last)	4. DATE (Mon OF DEATH Dec.		(Year)
5. SEX: 6. COLOR OR 7. SINGI RACE; 7. WIDO	E, MARRIED, 8. DATE WED, DIVORCED,	OF BIRTH: 9.	AGE last birthday:		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner	Illnois	(State or foreign co	untry): 12. C	OUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAID	EN NAME:		
John O. Porter		Melvina	Poole		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Service)	AU DOUBLE DECURITE ZIO.	ona L. Porter,		d.	
	18. MEDICA	L CERTIFICATION			INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH:	nary I	Leonelre		ONSET AND DEATH
Immediate cause (a)DUE TO		wary x	activities of the state of the		
Antecedent cause(s)	anterior	colorneis			.5 Mm.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE				
19a. DATE OF OPERATION: 19b. MAJOR I		-			20. AUTOPSY? Yes □ No
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, OF street, office bldg., etc., NJURY			у)	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at Not while work at work	21f. HOW DID IN	JURY OCCUR?		
22. I hereby certify that I took charg					
find that death resulted from: N	atural causes X, Accid	CHIEF DEPUT	, Homicide [], MEDICAL EXAMIN MEDICAL EXAMI ANT MEDICAL EXA	ER NER	DATE SIGNED
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEMETER		LOCATION (City,		ty) (State)
REMOVAL (Specify): 1-2-50	6 me. He	ndree	Howard	Co.,	md.
DATE REC'D BY LOCAL REGISTRAR'S REG.	SIGNATURE	24. FUNERAL DIRE	CTOR -	00.	ADDRESS
RUL. 31, 1955 1 6 Has	my There	mulle of	surger-Co	experience	e, Mille

Pearl Mercier's

BUREAU V. S.

RELIATED

CERTIFICATE OF DEATH

Reg. Dist. No...

12048 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. Md. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
TOWN Ellicott Ci OR (in this place) Ellicott City TOWN Ellicott City and HOSPITAL OR STREET (If rural give location) INSTITUTION OR STREET ADDRESS Highland Manor Hospital ADDRESS clearly 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: Nicholas Smith Dec. (Type or Print) DEATH: death 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | iF UNDER 24 HRS RACE: Months (Specify): Widow male Aug. 13. 1874 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF INDUSTRY: work done during most of working life. refired railmallman every item he causes Steel Kentucky
14. MOTHER'S MAIDEN NAME: U.S.A 13. FATHER'S NAME: Unknown Unknown 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | I6. SOCIAL SECURITY NO.: | Supply (Yes, no, or unk.) (If Yes, give war or dates of George E. Smith, 1901 Maxwell Ave., #22 write no 18. MEDICAL CERTIFICATION Intervai Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please Chimic Pyelonephitis Immediate cause Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) .. giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Generalized anderoschersis Conditions contributing to the death but not related to the disease or condition causing death. important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes No X 21. ACCIDENT (STATE) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) OF office bldg., etc.) SUICIDE HOMICIDE especially TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work | At Work Y., 19.5.1, and that death occurred at, from the causes and on the date stated above.

ADDRESS DATE SIGNED Balt. NAT. P.14 BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Dec. 19, 1955 Holy Redeemer Cem. Baltimore. Md. DATE REC'D BY LOCAL+ REGISTRAR'S SIGNATURE Schimunek Funeral Home, Inc. ADDRESS

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2601-3-5 E. Madison St.

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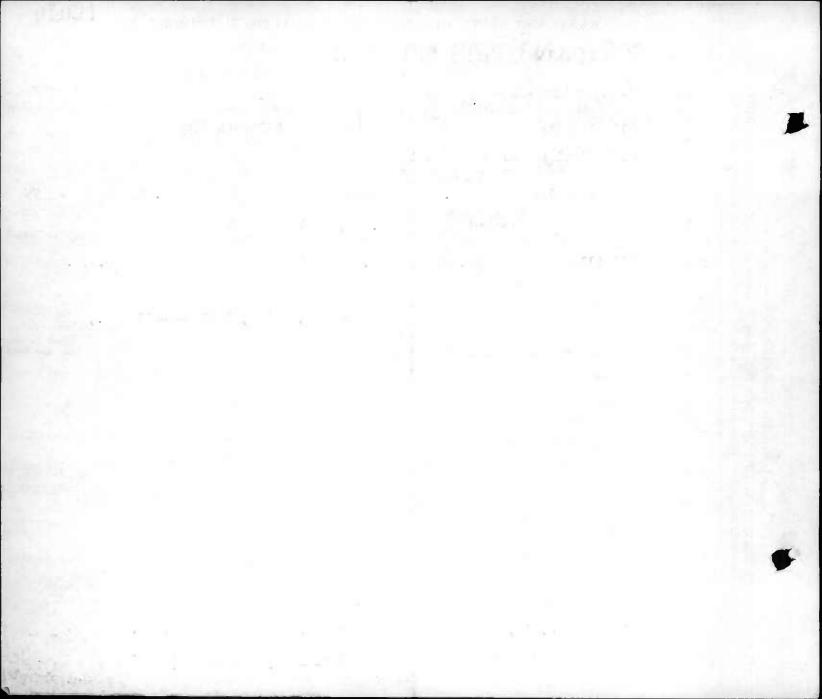
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH I. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED: legibly. COUNTY Dawar COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside cornerate limits, write RURAL, and give nearest town OR and give fearest town) carefully. (in this place) OR TOWN and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS clearly nformation 3. NAME OF (Month) (Day) (First) (Middle) 4. DATE (Year) (Last) DECEASED: OF (Type or Print) DEATH: 19 5.5 death 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, S MATE OF BIRTH 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. RACE: Monthsi Days Hours (Specify): 20 Jo 112. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): INDUSTRY: COUNTRY? work done during most of working life. even if retired): causes 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: ery eve 15 WAS DECEASED EYER LOU.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & (Yes, no, or unk.) Af Yes, give war or dates of Supply write service) 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause Antecedent causes (s) Physicians: Diseases or conditions, if any, glylng rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 20. AUTOPSY ? 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION: Yes No 21. ACCIDENT SUICIDE (COUNTY) (STATE) (Specify) PLACE (Home, farm, factors, street, (CITY OR TOWN) PLAINLY, office bldg., etc.) OF HOMICIDE INJURY TIME (Month) INJURY OCCURED HOW DID INJURY OCCUR? especially (Day) (Year) (Hour) While at Not While INJURY Work | At Work , 19 , that I last saw the deceased 22. I hereby certify that I attended the deceased from Out -,195.J., to A from the causes and on the date stated above. WRITE alive on ! and that death occurred at (Degree or title) SIGNATURE BURIAL, CREMATION. NAME OF CEMETERY OR CREMATOR (State) LOCATION (City, town, or county REMOYAL (Specify) S A DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR PLE.



BUREAU V. &

DEC IS 1962

DECENTED

2411 N. Charles Street, Baltimore

12042

12059

CERTIFICATE OF DEATH

Reg. Dist. No. 19/

				2008. 2	
1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE	(HOME) OF DECEASED	ANTEO
110	ward	MARYLAND	Maryla		
Y OR give neares	corporate limits, write RURA t town) 1 COLT CITY	AL and LENGTH OF STAY (in this place) Day	TOWN Dorse	U	024-2
HOSPITAL OR INSTITUTION O STREET ADDRE	R Schaffer C	onv. Retreat	STREET ADDRESS Ohio	Ave . (If rural, give loca	tion)
3. NAME OF DECEASED (Type or Print)	(First) Lillie M	(Middie) I. Spencer	(Last)	4. DATE (Mon OF DEATH DE	th) (Day) (Year) C. 31, 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	May 29,1885	9. AGE iast birthday 1	f under 1 year of under 24 hrs Months Days Hours Min.
done during most of	PATION (Give kind of work working him even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDE		
15. WAS DECRASED E (Yes. no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give mar or dates of service)	? 16. SOCIAL SECURITY NO. NO	Albert W.	Spencer - Hu	sband
1		18. MEDICAL CE			
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	1.0-		INTERVAL BETWEEN ONSET AND DEATH
1. DESEMBLE ON C			of literal	Λ	hum
Immedia	te cause (a)	arcinoma	. To wow		O Progy.
Antocodo	nt cause(s)				11/6
Diseases or	conditions, if any, (b)	8 SWENY NO XX X 8 X X X XX XX XX XX XX XX XX XX XX			
	to the above cause underlying cause last				
	(e)				l l
Conditions contrib	ICANT CONDITIONS uting to the death hut not spo or condition causing deat	ib.			FILLER
19a. DATE OF OP	RATION 191. MAJOR I	FINDINGS OF ORTRAFIO	rus		20. AUTOPSY? Yes □ No M
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (CO	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work Atwork	HOW DID INJURY O	CCUR?	
	tify that Lattended the	e deceased from	13, 1955; to DEC	31 1955, that I	last saw the deceased
Nº 5	e 314 ,55	d that death occurred at			
signature		(Degree of title)	ADDRESS	e causes and on the	DATE/SIGNED
Siditalous	Suanhe	Stripley, h	1. D., Sava	ge, Mr.	1/1/56
23. BURIAL, CREA	MATION DATE THERE	of Name of Cemetr			arroll Md.
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECT		ADDRESS
red. /- 2-5	6 Guyast	Lo Bomall	John T. Star	usbury 0411	Windsor Mill
	John	Laugheran			Road 7
	0	0			The second second second second

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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The sales

MARYLAND STATE DEPARTMENT OF HEALTH

72051

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	11
ATTUAL MARYLAND	12 Ry min	Re non a
OR give hearest town of the Coll Saint and LENGTH OF STAY TOWN When I will be the coll Saint and the place.	CITY (II outside corporate limits, write RURAL and give OR Janual (Claral)	e nearest town)
HOSPITAL OR INSTITUTION OR June, Rugh	STREET ADDRESS harley Bollin fall	Sainh la
3. NAME OF (First) DECEASED (Type or Print) Amanda Le Boent	"holker 4. DATE (Month) OF DEATH Receiver	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, OFFICED, (Specify) Lindowick	8. DATE OF BIRTH 9. AGE last birthday If under 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Indicate home the state of the	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	70000
haraire de Boens	Edwidge de hers	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. Secial SECURITY No. (Yes, no or unknown) (If yes, give war or dates of	13 INFORMANT AND ADDRESS	
service) Mn	Am Mara-anne Julper (alvee)
18. MEDICAL CE	RTIFICATION	Income Design
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
113/ Immediate cause (a) Mente bry v.	carthe	7-mg-
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	
stating the underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	213 . V / 1-5	
22. I hereby certify that I attended the deceased from	, 190 to to that I last sa	w the deceased
alive on	ADDRESS ADDRESS	ted above.
What She Comey Will 462	man St Fourel Med	14/12/55
REMOVAL (Specify) Rec 14 1955 St Mana	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE	Le With Sanaldson Laur	L ML.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12052

FOR MEDICAL EXAMINERS

Reg. Dist. No. 19./

0/	2		
E I	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
	COUNTY MARYLAND	STATE Maryland COUNT	oward
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CITY /II and Idea and I with a to DUDAL to I VINCENT OR OTHER	CITY (If outside corporate limits, write RURAL and give nearest town)	
3.6	OR give nearest town (In this place)	Town Ellicott City	X
are	HOSTING OR	STREET (If rural, give location)	1
nd	INSTITUTION OR STREET ADDRESS Columbia Road	ADDRESS Daniels Road	
tio,	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
na	(Type or Print) SISTE G	WEBB OF DEATH Dec. 31	.1955 19
cle	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	
thi	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) Single	Sent. 7 1888 67 yrs. Months	Days Hours Min.
of	10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	Sept. 7, 1888 67 yrs. States of loreign country)	2. CITIZEN OF WHAT
ES/	done during most of working life, even if retired) Novelty Store	Loudon Country Va	COUNTRY?
3 5	13. PATHER'S NAME	Loudon County Va.	
Supply every item of information carefully write the causes of death clearly and legibly.	Thomas Webb	Gertrude Riley	
	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Gertrude Riley 17. INFORMANT AND ADDRESS	
	(Yes, no, or unknown) (If yes, give war or dates of 217-05-4956	Mary Webb, Ellicott City, Md.	
	18. MEDICAL CERTIFICATION		
ing	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
. 9	Immediale cause (a) a conte cardrac fathere		7
INK. please	Immediale cause (a) a conte cardrac farlure Antecedent cause(s) Antecedent cause(s) Antecedent cause(s) Antecedent cause(s)		-mmy
	Antecedent cause(s)	a heart dasi	10 yeurs
IS IS		74 100 1 0 TLAK	117005
cia	giving rise to the above cause stating the underlying cause last		
AL	(e)		1
WITH UNFADING important. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
	related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	0		Yes No K
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
75	CAUSE OF DEATH. INJURY		
la l	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
Nec	INJURY m, work at work		
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection & Inquiry & thereon and from the evidence		
Z. Z.	obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted		
E	from: natural causes accident , suicide , homicide ,	undetermined	DATE SIGNED
Ξ	SIGMATURE (Degree or title)	ADDRESS	. 1. 1.
	Choles S. Withouthe, A.D.	C/02/201/16, 14d	17/81/27
日	23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		
PLEASE	REMOVAL (Specify) 1-4-1956 Good Shepherd Ellicott City 153		
LE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4	Par. 3. 1956. John B. Lucytran.	6. John B. Loughau. F.C. Higinbothom, Ellicott City, Md.	
	10 n c 4		
	11/40 11/40 11/40		

The correct age

MARGIN RESERVED FOR BINDING

DEVIEDED

BUREAU V. S.